



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9808

SERIAL NUMBER 10/677,826	FILING DATE 10/02/2003 RULE	CLASS 372	GROUP ART UNIT 2828	ATTORNEY DOCKET NO. 267-34					
APPLICANTS Yusong Yin, Stonybrook, NY; Nan Yin, Stonybrook, NY; Frank F. Wu, Centereach, NY;									
** CONTINUING DATA ***** <i>E.U.</i>									
** FOREIGN APPLICATIONS ***** <i>E.U.</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/10/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>E.U.</i> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY NY </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 4 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 56 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>E.U.</i>	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 4
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>E.U.</i>	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 4					
ADDRESS JAMES A. QUINTON Suite 1210 551 Fifth Avenue New York , NY 10176									
TITLE Intracavity opo laser									
FILING FEE RECEIVED 752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
<input type="checkbox"/> All Fees									
<input type="checkbox"/> 1.16 Fees (Filing)									
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)									
<input type="checkbox"/> 1.18 Fees (Issue)									